

MSFC VENDOR EVALUATION SURVEY

This form is to be completed in its entirety to be considered as a supplier of articles, materials, or processes to the Marshall Space Flight Center (MSFC), NASA for use in an end item product or service. The information to be supplied on this form will be used to evaluate your applicable quality management and/or inspection system to comply to MSFC requirements to ANSI/ISO/ASQ 9001:2000, SAE AS9003/9100/9110, or ISO/IEC 17025 17025 system standard.

If you have any questions associated with completing this form, please contact the person noted below. Please return this form and requested information by e-mail, fax or regular mail to the address specified below.

TO BE COMPLETED BY MSFC ISSUING PERSON / ORGANIZATION

1. Name of Person Issuing this Form:	2. Phone:	3. FAX:	4. E-mail Address:
5. Office Code:	6. Directorate Name:		
7. Hardcopy Mail Return Address: George C. Marshall Space Flight Center Marshall Space Flight Center, AL 35812		8. Copy of Quality Manual Required: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (See Item 17)	

TO BE COMPLETED BY CONTRACTOR / SUPPLIER / VENDOR

1. Company Name (Address, City, State, ZIP Code):	2. Quality System Management Representative Name:
	3. Quality Manager Name (If different from above):
4. Quality Management System (ISO, MIL-I, MIL-Q, NHB):	5. Has the Quality System Been Audited / Registered: <input type="checkbox"/> Yes <input type="checkbox"/> No
6a. If "Yes" to Audited / Registered, Please List by Whom:	6b. List Effective Date of Each:

ATTACH / FAX / OR SEND COPIES OF SATISFACTORY AUDITS OR REGISTRATIONS

7. Quality Manual Number / Revision:	Suppliers that perform special processes need to submit documented evidence that your processes have been approved by recognized qualification / certification authority and/or by a major aerospace subcontractor.		
8. Is Your Quality Manual Supported By:			
<u>Quality System Procedures:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Work Instructions:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Process Control Procedures:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Who Does the Quality Supervisor Report to:		10. Who Do the Inspection Personnel Report to:	
11. Are There Inspection Designees: <input type="checkbox"/> Yes <input type="checkbox"/> No	12. How Many Inspection Designees:	13. How Many Independent Inspectors:	
14. Do Inspection Designees Perform Final Inspection and/or Final Acceptance: <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. What is the documented / enumerated means to show product trace ability throughout the manufacturing process. (Example: purchase order, route sheet, heat, or lot number.)			
a.		c.	
b.		d.	
16. In what part of the company will the parts be built and, if applicable, where will they be assembled and/or tested, i.e., fabrication, development, test areas.			
17. If the quality system HAS NOT BEEN audited / certified / registered by an outside activity or customer, a copy of the quality manual must be submitted with the return of this survey form.			
18. Signature and Date of Responsible Quality Representative (Electronic Signatures are Acceptable): Signature			